

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34378

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2142

1. PLACE OF DEATH a. COUNTY St. Louis County Missouri.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY 1	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Mo.		c. CITY OR TOWN St. Louis.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hosp.		Length of stay in 1b 5 days.	
46		STREET ADDRESS 3526 Prairie Ave.	

3. NAME OF DECEASED (Type or print) James Perry Lynes		4. DATE OF DEATH Month August , Day 27 , Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April, 9, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Mikelson Const. Co.	
11. BIRTHPLACE (City and state or country) Columbia Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Mort. Lynes.		14. MOTHER'S MAIDEN NAME Laura Mitchell.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes.		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Mrs. Coriece Lynes.		Address 3526 Prairie Ave.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) Multiple internal injuries consistent with a fall		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
E-9026		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell from roof of building on which he was working as carpenter supervisor on a construction job	
20c. TIME OF INJURY Hour 3:00 Month 8 Day 22 Year 57		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Fell from roof of bldg to ground	
20f. CITY, TOWN, OR LOCATION Crestwood		COUNTY St. Louis STATE Mo.
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Clayton B. Davis	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 9/6/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Motor	23b. DATE 8/29/57	23c. NAME OF CEMETERY OR CREMATORY Columbia Memorial Cemetery	23d. LOCATION (City, town, or county) (State) Columbia, Missouri
24. FUNERAL DIRECTOR Calvin F. Feutz Funeral Home.		25. DATE RECD. BY LOCAL REG. 8-28-57	26. REGISTRAR'S SIGNATURE Herbert B. Dornh

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

ace

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

John A. Milner

Licensed Embalmer No. *440*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.